

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/847945** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2						
3						
4			1			
5			1			
6			1			
7			1			
8			1			
9			1		1	*
10						
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
17			1		1	
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29			1		1	
30						
31			1			
32			1			
33			1			
34			1			
35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
61		1	*	1		
62		1		1		
63		1		1		
64		1		1		
65		1		1		
66				1		
67				1		
68				2		
69				1		
70				1		
71				2		
72				1		
73				3		
74				3		
75				3		
76				3		
77				3		
78				3		
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	3		4			
TOTAL DEP.	39		76			
TOTAL CLAIMS	42		80			